

CDFI Awardee Contact Information Update Form

To modify any or all Awardee contact information, please complete this form and either fax it to the attention of the Grants Management and Compliance Manager at (202) 622-9625 or email it to GMC@cdfi.treas.gov with "Contact Update" typed in the subject line of the email. If the form is returned to the Fund via email then, in lieu of a signature, the form must be sent from the Authorized Representative.

Awardee Name:

☐ Check if new

Awardee EIN Number:

Applicable Award Number:

☐ Check if applies to all awards

Please Complete Each Section As Applicable

Awardee Mailing Address (Provide physical address for overnight deliveries. Provide nine-digit zip code.)

☐ Check if new

Authorized Representative (Name and Title):

Telephone Number:

Fax Number:

E-mail Address:

☐ Check if new

☐ Check if new

Authorized Representative Mailing Address

(Provide physical address for overnight deliveries, if different from mailing address. Provide nine-digit zip code.)

☐ Check if new

Contact Person (Name and Title):

Telephone Number:

Fax Number:

E-mail Address:

☐ Check if new

☐ Check if new

Contact Person Mailing Address (If Different from above):

(Provide physical address for overnight deliveries, if different from mailing address. Provide nine-digit zip code.)

☐ Check if new

I hereby certify that the information contained herein is true and accurate. I hereby request that the CDFI Fund update the above information for the Awardee.

Signature of current Authorized Representative:

Date Signed: